

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

Agency*	Citation		Groups Covered
<b>B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)</b>			
IV-A	1902(e)(3) of the Act	<input type="checkbox"/>	13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under §1902(e)(3)(B) of the Act.  <u>Supplement 3 to ATTACHMENT 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
IV-A	1902(a)(10)(A)(ii) (IX) and 1902(l) of the Act	<input type="checkbox"/>	14. The following individuals who are not mandatory categorically needy whose income level does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6-A</u> :  a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy)  b. and infants under one year of

\* Agency that determines eligibility for coverage.

TN No. <u>93-04</u>	Approval Date <u>01-03-94</u>	Effective Date <u>06-16-93</u>
Supersedes		
TN No. <u>90-17</u>		HCFA ID: 7983E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

---

Agency*	Citation	Groups Covered
---------	----------	----------------

---

Reserved.

\* Agency that determines eligibility for coverage.

---

TN No.	<u>93-04</u>	Approval Date	<u>01-03-94</u>	Effective Date	<u>06-16-93</u>
--------	--------------	---------------	-----------------	----------------	-----------------

Supersedes

TN No. 92-09

HCFA ID: 7983E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

Agency*	Citation		Groups Covered
		B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
IV-A	1902(a)(ii)(X) and 1902(m)(1) and (3) of the Act	<input type="checkbox"/>	16. Individuals--  a. Who are 65 years of age or older or are disabled, as determined under §1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.  b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size; and  c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u> .

\* Agency that determines eligibility for coverage.

TN No. <u>93-04</u>	Approval Date <u>01-03-94</u>	Effective Date <u>06-16-93</u>
Supersedes TN No. _____		HCFA ID: 7983E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

Agency	Citation	Groups Covered	
<hr/>			
		B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
IV-A	1902(a)(47) and 1920 of the Act	<input type="checkbox"/>	17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

\* Agency that determines eligibility for coverage.

TN No. 93-04

Approval Date 01-03-94

Effective Date 06-16-93

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency	Citation	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
1906 of the Act	<input checked="" type="checkbox"/>	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of <u>one</u> month.
1902(a)(10)(F) and 1902(u)(1) of the Act	<input type="checkbox"/>	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under §1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

\* Agency that determines eligibility for coverage.

TN No. 93-02

Approval Date 04-26-93

Effective Date 04-01-93

Supersedes

TN No. N/A

HCFA ID: 7982E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

Agency*	Citation	Groups Covered
		C. <u>Optional Coverage of the Medically Needy</u>
IV-A	42 CFR 435.301	This plan includes the medically needy.  <input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes. This plan covers:  1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
IV-A	1902(e) of the Act	2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period after the pregnancy ends, and any remaining days in the month in which the 60th day falls.
IV-A	1902(a)(10)(C)(ii) (I) of the Act	3. Individuals under age 18 who, but for income and/or resources, would be eligible under §1902(a)(10)(A)(i) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered
---------	----------	----------------

C. Optional Coverage of the Medically Needy (Continued)

IV-A	1902(e)(4) of the Act	4. Newborn children born on or after October 1, 1984, to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.
------	-----------------------	---

IV-A	42 CFR 435.308	5. <input type="checkbox"/> a. Financially eligible individuals who are not described in §C.3 above and who are under the age of --
------	----------------	---

☐ 21      ☐ 20      ☐ 19

☐ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

☒ b. Reasonable classification of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

☒ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

☒ (a) In foster homes (and are under the age of 21).

☒ (b) In private institutions (and are under the age of 21).

TN No. 93-04  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 01-03-94

Effective Date 06-16-93

HCFA ID: 7983E

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

---

Agency*	Citation	Groups Covered
---------	----------	----------------

---

IV-A

C. Optional Coverage of the Medically Needy (Continued)

- ☒ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of 21).
- ☒ (2) Individuals in adoptions subsidized in full or part by the public agency (who are under the age of 21).
- ☒ (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.
- ☒ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).
- ☐ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of   ). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- ☐ (6) Other specified groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

Agency*	Citation	Groups Covered	
IV-A	C.	<u>Optional Coverage of the Medically Needy</u> (Continued)	
	42 CFR 435.310	<input type="checkbox"/>	6. Caretaker relatives.
	42 CFR 435.320 and 435.330	<input checked="" type="checkbox"/>	7. Aged Individuals.
	42 CFR 435.322 and 435.330	<input checked="" type="checkbox"/>	8. Blind Individuals.
	42 CFR 435.324 and 435.330	<input checked="" type="checkbox"/>	9. Disabled Individuals.
	42 CFR 435.326	<input type="checkbox"/>	10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
	435.340		11. Blind and disabled individuals who:  a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;  b. Were eligible as medically needy in December 1973 as blind or disabled; and  c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**COVERAGE AND CONDITIONS OF ELIGIBILITY**

---

Agency	Citation	Groups Covered
--------	----------	----------------

---

C. Optional Coverage of Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of one month.